

## ICD10

Final Rule published in the Federal Register, January 16, 2009

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ICD-9 procedures and diagnosis codes are replaced with **ICD-10**

For Dates of Service **10/1/2013** and later

All Covered Entities [no Small Group extra year provision]

PROPOSED TIMELINES
Level 1 – 10/1/2011
Level 2 – 5/1/2013 or 7/1/2013 (open to further discussion)

Impacts:

System:

- Length of data element
- Increased number of codes

Diagnosis	ICD9	ICD10
# of Characters	3-5 Alphanumeric	3-7 Alphanumeric (alpha rules differ)
Number of Codes	13,000	120,000
Procedure		
# of Characters	3-4 Numeric	7 Alphanumeric
Number of Codes	4,000	200,000

- Impacts to existing edits and New edits to be added
- Reimbursement rules
- Crosswalks for reporting
- Overlap period for code sets
- New tables

Policy/Documentation:

- Contracts with providers
- Reimbursement agreements
- Rules
- Manuals

Education/Training:

- Internal to the Agency
- External to the Agency

### **ICD-10**

Effective 10/1/2011 the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding. The new codes would replace the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2, and the International Classification of Diseases, Ninth Revision, Clinical Modification (CM) Volume 3 for diagnosis and procedure codes, respectively.